

EXHIBIT 5

Report of Inspection / Test

Annual NFPA 25

**2025-03-14****Property**

DELANEY HALL -451-479 DOREMUS AVE
 451-479 DOREMUS AVE
 NEWARK NJ 07105
 Print Date: 2025-03-14

Conducted by: KEVIN HACKETT

MEADOWLANDS FIRE PROTECTION
 P00273
 348 NEW COUNTY ROAD
 SECAUCUS NJ 07094
 201-864-3580
 TMANNING@FGMECH.COM

Report of Inspection / Test General Questions**OWNER SECTION**

Is the building occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the occupancy classification, hazard of contents, and/or storage method remained the same since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all fire protection systems in service?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the system remained in service without modification since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was the system free of actuations of devices or alarms since the last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are all control valves locked sealed or electrical supervised in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves locked accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

FIRE DEPARTMENT CONNECTION

Is the FDC plainly visible and easily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC easily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the FDC swivels and couplings not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the FDC caps and plugs in place and undamaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the FDC gaskets in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC check valve free of leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the clapper and automatic drain valve in place and properly operating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC identification sign(s) in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the interior of the FDC been inspected for obstructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the visible piping supplying the FDC undamaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If locking caps/plugs are in place, has an internal inspections been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		

SPRINKLER HEADS

Are there the proper number and type of spare sprinklers with a list in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible sprinklers in the proper position: upright, pendent, sidewall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are visible sprinklers free of corrosion and physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there proper clearance below the sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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Are visible sprinklers free of foreign materials including foreign paint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there liquid in all visible glass bulb sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there spare sprinklers and a sprinkler wrench?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the information sign attached and legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are all the sprinklers dated 1920 or later?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Dry-type sprinklers replaced or successfully sample tested within last 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Have sprinklers subject to harsh environments been replaced or successfully sample tested in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

PIPES

Are the visible pipe and fittings in good condition with no external corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do visible pipe and fittings have no mechanical damage or leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does visible pipe have no external loads?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible pipe hangers and seismic braces not damaged or loose?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the pipe through freezers free if any ice blockage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		

CONTROL VALVE AREA

Are the control valves in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are control valves locked , sealed or supervised	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves free from leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Valves have proper identification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The control valves are accessible ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

VALVE AREA

Are all check valves externally inspected, operating properly, and are in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the gauges on system operable and in good working condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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Are the gauges on system showing normal water supply pressure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the hydraulic name plate (calculated systems) attached securely to the riser and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are Pressure reducing valves (sprinkler system) in open position and not leaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are Pressure reducing valves (sprinkler system) with downstream pressure per the design?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are Pressure reducing valves in good condition including no handwheels broken?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Have the mechanical waterflow alarm devices passed tests by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Do valve supervisory switches indicate movement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	The electrical waterflow alarm devices passed test by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have post indicating valves been opened until spring or torsion felt in the rod and then closed back 1/4 turn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	All control valves operated through full range and returned to normal position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have pressure reducing valves passed partial flow test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		

DRY VALVE

Are enclosures around valves maintaining a minimum of 40 degrees F?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Low temperature alarms are in good working condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Are the gauges on systems with/without low pressure alarms in good condition and showing normal air and water pressure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	For freezer systems, gauge near compressor reading the same as gauge near the dry-pipe valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Is the dry pipe valve(s) free from physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are trim valves in appropriate (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there no leakage in the intermediate chamber?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the priming level correct and has the low air pressure signal passed it's test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has the low air pressure alarm passed it's test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the quick opening device passed the test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Have the strainers, filters and orifices been inspected?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have automatic air maintenance devices passed test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

BACKFLOW PREVENTERS

Is relief port on RPZ device not discharging?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Have backflow devices passed forward flow test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
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ALARMS

Are alarms and supervisory devices not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do low temperature alarms look ok?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Have low temperature alarms passed test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Is the alarm valve free from physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the trim in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there no leakage in the retarding chamber or drains?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

MAINTENANCE

If a sprinkler failed a sample test were all the sprinklers represented by that sample replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	If sprinklers have been replaced, were they proper replacements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Were marine systems normally having fresh water drained and refilled twice if raw water got into the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Was heat tape inspected per the manufacturer's instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
If conditions were found that required flushing, was flushing of the system conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Have adjusted, repaired, reconditioned, or replaced components had proper tests/inspections performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was a drain test conducted after opening any closed valve?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Operating stem of all OS&Y valves lubricated, completely closed and reopened?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems been replaced annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Are dry-pipe systems kept in dry condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have auxiliary drains been emptied (before freezing weather) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Is interior of dry-pipe valves cleaned and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have low points been drained before freezing weather?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Do the alarm valve(s), strainers, filters and restricted offices pass internal inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

CONTROL VALVE AREA

Are the control valves in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves free from leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are control valves locked , sealed or supervised	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Valves have proper identification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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The control valves are accessible ?

☒ Yes☐ No☐ NA

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Report of Inspection / Test for System - DRY SYSTEM 1**DRY VALVE**

Have automatic air maintenance devices passed test? ☒ Yes
☐ No
☐ NA

AIR COMPRESSORS

Is the air compressor, piping, wiring free of physical damage? ☒ Yes
☐ No
☐ NA

Is the air compressor anchored properly to the structure or system piping? ☒ Yes
☐ No
☐ NA

For oil-filled air compressors, is the level sufficient? ☒ Yes
☐ No
☐ NA

Does the air compressor operate as intended on the proper drop in pressure? ☒ Yes
☐ No
☐ NA

Does the air compressor restore normal air pressure in the required time frame? ☒ Yes
☐ No
☐ NA

Does the air compressor operate without overheating? ☒ Yes
☐ No
☐ NA

For oil-filled air compressors, has the oil been replaced or changed per the manufacturer's instructions? ☒ Yes
☐ No
☐ NA

DRY VALVE TRIP TEST

Dry Valve		Size:	Year of Mfr.:		Accelerator		Year of Mfr.:	
Make		Model	Serial no.		Make		Model	Serial no.
	Time to Trip thru test pipe	Water Pressure	Air Pressure	Trip point air pressure		Time water reached test outlet		Alarm Operated
Without Accelerator	55 seconds	60 psi	45 psi	15 psi		N/A		Yes
With Accelerator	N/A	N/A	N/A	N/A		N/A		N/A

DRY VALVE TRIP TEST (cont)

Were results comparable to previous test? ☒ Yes
☐ No
☐ NA

Has it passed air leakage test? ☒ Yes
☐ No
☐ NA

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MAIN DRAIN FLOW TESTS

System	Initial Static	Residual	Static	Seconds to Return to Initial Static	Flow Observed?	Did waterflow alarm operate?	Are results comparable to previous test?
WET SYSTEM 1	68 psi	55 psi	60 psi	2 seconds	Yes	Yes	Yes
WET SYSTEM 2	65 psi	55 psi	60 psi	2 seconds	Yes	Yes	Yes
DRY SYSTEM 1	65 psi	50 psi	60 psi	2 seconds	Yes	Yes	Yes
WET SYSTEM 3	65 psi	50 psi	60 psi	2 seconds	Yes	Yes	Yes

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Deficiencies - General Questions

None

Deficiencies - General Wet System Questions

None

Deficiencies - General Dry System Questions

None

Deficiencies - WET SYSTEM 1

None

Deficiencies - WET SYSTEM 2

None

Deficiencies - DRY SYSTEM 1

None

Deficiencies - WET SYSTEM 3

None

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Inspector Signature

I state that the information on this form is correct at the time and place of my inspection, and all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.

Inspector Name

KEVIN HACKETT

Signature

A handwritten signature in black ink, appearing to be "KH" or similar, written over a horizontal line.

Date Completed

2025-03-14